



APPLICATION FOR A DEPARTMENT OF HEALTH PERMIT

I/We hereby make application to the Norfolk Department of Public Health for a permit to operate a:

*Barber Shop(18)/ Cosmetology Salon(19)*___ *Convenience Grocery(02)*___ *Church Kitchen(10)*___
*Grocery(03)*___ *Health Parlor(11)*___ *Prepackaged Grocery(26)*___ *Other*_____

Name of Establishment _____ Phone No. _____

Address _____ Zip Code _____

Name of Owner(s) _____ Phone No. _____

Address _____ Zip Code _____

Fax Number _____

Name of Operator _____ Phone No. _____

Address _____ Zip Code _____

WATER SUPPLY: Private___ Public___ SEWAGE: Private___ Type_____ Public___

Method of Solid Waste Disposal:_____ ABC License (yes/no)_____

I/We understand that after issuance of the Health Department Permit requested, the Director of Public Health [or authorized representative(s)] shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required. I/We agree to comply with all ordinances, rules and regulations governing this establishment.

Signature of Applicant or Person Authorized by Applicant to Sign this Application

Signature _____ Title _____

Print Name _____ Date _____

Recommended for Permit (yes / no) Date_____ Env. Health Specialist_____

Approved for Permit (yes / no) Date_____ Supervisor_____

Permit Number_____ Expiration Date_____ Planning District_____

Remarks:_____